

**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
DIVISION OF CHILD MENTAL HEALTH SERVICES
OUTPATIENT AND RELATED NON-RESIDENTIAL PROGRAMS
CLIENT BILLING/ACTIVITY FORM**

GENERAL DIRECTIONS

Programs that have opted to file bills electronically using FACTS which is the DEPARTMENT data-base, will notice that the format used in that system closely corresponds to the paper format above.

All programs that provide an hourly service must use this format, either electronically or in hard-copy. There are two categories of providers who will complete this type of form: providers who are program-funded through cost-reimbursable contracts or are state provided services *and* providers who bill DCMHS under a fee-for-service/unit-cost agreement. Contractors who are program-funded need not complete the last two columns of this form. All other directions, however, apply:

Requirements for Reimbursement

1. Prior receipt of required documentation
2. Prior authorization from DCMHS
Note: Billing for services on dates that fall outside of the authorization dates will not be accepted.
3. Accurate and legible bills
4. Submission of all other documentation, e.g., discharge forms

Client Name

Names of clients must not deviate from the legal name listed on the birth certificate, unless the name has been legally changed. No nicknames are to be used. This must be the same name used on all requests for authorization, intake forms, etc. submitted to DCMHS.

Print the child's last name (legal name only). Then complete the first name of the child (no nicknames or shortened forms). Only one client's name should be on each form.

DOB

Birth Date of the client: Enter as mm/dd/yy.

Diagnosis

Bills will not be processed without a diagnosis. This should be the same diagnosis as entered on the admission form, if this form is required as a deliverable in the Provider Manual.

Only correct DSM-IV Diagnoses codes will be accepted. (No v-codes)

A code for deferred diagnosis is permissible only for the DFS Foster Child Screening Project.

Provider Agency

Each sheet must contain the name of the agency and the program to be reimbursed. This is the CONTRACTOR specified in the contract.

Primary Therapist

This is the name of the therapist in the agency who holds primary responsibility for the case, e.g., case management, maintenance of the record, treatment provision.

Program Many organizations provide more than one level of care for DCMHS. Please indicate whether this authorization and activity/service being reported is for:

- IOP Intensive Outpatient
- WRAP Wrap-Around or Aide Services
- CRISIS Crisis Intervention
- OP Routine Outpatient
- UR Urgent Response

Authorization Date From

This date is the beginning date of the current authorization period. This is not applicable for Urgent Response (Foster Child Screening).

Authorization Date To.....

This date is the ending date of the current authorization period. is not applicable for Urgent response.

Admission Date

This date is the date when DCMHS services begin for the child and family. In most cases, it is the date of first face-to-face contact (Intake) with the child. On rare occasions the parent may be seen alone for the first appointment, and the client and family in subsequent appointments. The first appointment is still considered the admission date (Intake). **Note:** **Billing for services prior to the admission date or after the discharge date will not be accepted.**

Billing/Activity Date From

Enter the *first* activity/service date (in chronological order) that is entered on this bill.

Billing/Activity Date To

Enter the *last activity/service* date (in chronological order) that is entered on this bill.

Authorization Number

Enter the authorization number that is listed on the most recent authorization form the provider has received from DCMHS. This is not applicable for Urgent REsponse (foster child Screening).

Service Date

Enter each date on which client received direct service by mm/dd/yy. *Direct services are those in which the therapist meets with the child who is the identified client and/or the parents or legal guardians of the identified client to plan for treatment or to continue goals stipulated in the client's treatment plan.* These services may be provided on-site (at the agency) or off-site (at home, school or other setting). There must be a progress note in the client record for each date billed.

CRISIS, INTENSIVE OUTPATIENT, OUTPATIENT* AND WRAP- AROUND SERVICES

Direct Service Codes - Direct services are those in which approved program staff/therapists meet with the client and/or any member of the client's family. Family includes, parents, siblings, extended related family, foster family and other caretakers, surrogate family and significant others in the client's residence. **Two of the same codes may not be listed for the same day.**

There are different categories of listings that are meant when used in aggregate form to determine the service patterns provided and to ascertain whether programs are offering services consistent with a "systems of care" approach to treatment, e.g., providing services in locations other than the provider office, including families whenever possible, being available for clients in emergencies.

- Use the appropriate "E" code, if the appointment was in response to an urgent call in which you saw the client within 24 hours or less of the request for an appointment.

- Use an "Intake" code *only once* per admission (service episode). The total number of Intake codes should equal the number of admissions the program has had in a given month.
- Except for psychiatric services and group, do not subdivide a session. For example, if a therapist sees the parents for most of the time and the client for a part of the time within the session, just enter one session for "family."
- The time entered for the length of the session should equal the time the *client/family* was served, not the combined number of therapist hours. If two therapists provide one hour of service in the same session, only 60 minutes may be submitted.
- PT is not counted as direct treatment service. BUT – When transporting client(s) and/or family(ies), therapists may be providing treatment. This may be coded as an out-of-office treatment session (15 or 17) if a progress note is written which addresses the clinical content and is related to the treatment plan.

	Psychiatry	In Agency Office	With Family In home or community	At School	Other Out-of-Office
Intake/First Session (Only one of these codes per treatment episode)		01 E01	EP1		P1 EP2
<u>Routine</u> (Session scheduled 24 hours or more in advance) by psychiatrist	05	02 03 F03 P31 04 06 10 (AOD Only) 11 (AOD Only) 16	08 P81 P82 P83 P84 P85 P86	07 P71 P72	17 13 P32 PT
Psychiatric Nurse Practitioner	55				
<u>Emergency</u> (Session scheduled for 24 hours or less) by psychiatrist	E05	E02 E04 E10 (AOD Only) 14	E08	E07	15
Psychiatric Nurse Practitioner	E55				

DIRECT SERVICES - Out of Office

PT Client Transportation

- P1 Intake Session** - This is the first direct face-to-face contact with the client that takes place in a location other than the office. It is important that if the client is a minor child, that collateral contact is made also with parents so that an adequate clinical picture can be obtained. An intake session, then, may include family members other than the client, but it is still called an intake.
- EP1** - Emergency home visit which is a first face-to-face contact with a new client/family
- EP2** - Any other emergency out-of-office intake session (new client)

Group Therapy

P32 - Psycho-Social Group (out-of-office)

- 07 School Consultation - IPRD, IEP and progress meetings in which the therapist assists the parent to be an advocate for his/her child, and/or provides consultation on treatment and management issues for the client.
Other School Interventions:
E07 - Emergency intervention at the school (currently active client)
P71 - Problem solving meetings with client and staff
P72 - Direct intervention in the classroom or other location in the school building
- 08 Home Visit - Family therapy in the family home/community or the home/community of any family member
E08 - Emergency Home Visit
P81 - Parent/Caretaker Training/Skill Building
P82 - Family Problem-Solving Meeting
P83 - Therapeutic Family Recreation
P84 - Sibling Group Meeting – This is family therapy with identified client and his/her siblings .
P85 - Client Recreation or Psychosocial Activity/Parent Respite
P86 - Other In-Home Intervention
- 15 Emergency/Out of Office - Any other unscheduled session held out of the agency, e.g., DFS Office, Hospital Emergency Room, Police Station, etc. in which the therapist provides direct face-to-contact assessment, evaluation or treatment. *This code should be used only if no other code applies.*
- 17 Any other direct face-to-face contact with client or family that occurs in a site other than the agency office or satellite but is not an emergency. *This code should be used only if no other code applies.*

DIRECT SERVICES IN THE AGENCY OFFICE

- 01 Intake Session - This is the first direct face-to-face contact with the client. It is important that if the client is a minor child, that collateral contact is made also with parents so that an adequate clinical picture can be obtained. In intake session, then, may include family members other than the client, but it is still called an intake.
E01 – Emergency (unscheduled) intake session. (New client)
- 02 Individual Session - This is any face-to-face session with the identified client. No one else is present.
E02 - Emergency individual session (currently active client)
- 03 Group Therapy - This is a face-to face contact in which a group of clients is present for the purpose of treatment (as defined on the treatment plan), of which the identified client is a part.
Other In-Office Group Meetings:
F03 - Family Group Session
P31 - Psycho-Social Group (In office)
- 04 Family Session - This is a face-to-face contact in which the identified client and at least one other family member, other primary caretakers, or significant others are present.
E04 - Emergency Family Session (currently active client)
- 05 Psychiatry/Medication Monitoring - Psychiatric session for the purpose of determining the need for psychotropic medication or for follow-up after medication has been prescribed. This may be provided only by a psychiatrist or a nurse practitioner.
E05 - Emergency Psychiatric Session

- 06 Family Consultation - This is a face-to-face contact with family members without the identified client present. The identified client and his/her problem, treatment plan, etc. are the topic of discussion. (It is family therapy without the client present.)
- 10 -SA Evaluation - This should be used only in the event that the client has been referred just for an evaluation and a report must be prepared for submission to court, a funding agency, or treatment facility for the express purpose of referring to another service. Evaluations requested by the schools to be included in any educational evaluation must be approved in writing prior to the service being provided. This service must be performed only by an agency licensed E10 - Emergency SA evaluation (SA licensed agencies only)
- 11 -Lab analysis for alcohol or other drugs. This process must comply with all federal, state, local guidelines and regulations, and ethical standards with regard to treatment of adults and/or minor children.
- 13 -Court Appearance - This should be used *only* if the therapist is called to testify about the identified client. In all cases, the agency/therapist must comply with federal, state, and local regulations with regard to confidentiality.
- 14 -Emergency/In Agency Office - Any other unscheduled session held at the agency (or any satellite of the agency) in which the therapist provides direct assessment, evaluation, treatment because of a defined crisis. It should be noted that therapists should practice only within the area of their expertise and defer to colleagues in specialized areas when dealing with life-threatening problems such as suicidality.
- 16 -Any other direct face-to-face contact with client or family that occurs in the agency office, or satellite, but is not an emergency.

Number of Hours

Number of hours of the session. These should be upward rounded to the nearest *half hour*.

Client Fee

For outpatient services, enter the fee listed on the Admission to DCMHS Services Form submitted by the provider for the initial authorization. Wrap-around services and program-funded services, e.g., IOP and crisis, leave this section blank.

Amount Due from DCMHS For outpatient services, enter the difference between the client fee above and the established rate for the service in the contract. Wrap-around services and program-funded services submit a line-item bill. For these services, the unit cost is computed retroactively based on staff productivity.

Totals

1. Enter the total number of hours for which the provider is reporting/billing
2. Enter the total number of client fees assessed of the client, if applicable.
3. Enter the total number of dollars for which the provider is billing for this client, if applicable.

Indirect Service

Indirect services are all case-related activities in which neither a member of the client's family nor the client is present. Any activity in which one or more members of the clients' family (including foster family or significant others) or the client are present is considered *direct* service. Enter the total number of hours of documented indirect service provided to the client. Indirect service may include travel time to off-site counseling and client related meetings, therapist telephone contact with clients or family, interagency service planning meetings about client issues, therapist telephone contacts about client issues, meetings with school personnel about client issues and reasonable amounts of paperwork time on admission and progress notes, treatment plans and discharge summaries.